



## Missouri Pharmacy Program – Preferred Drug List



### ***Calcium Channel Blockers (Non - DHP)***

***Effective 09/01/2004***

***Revised 07/03/2008***

#### **Preferred Agents**

- Diltiazem HCl
- Verapamil HCl
- Verapamil SR
- Diltia XT®
- Diltiazem XR
- Diltiazem ER
- Diltiazem CD
- Cartia XT
- Taztia XT

#### **Non-Preferred Agents**

- Tiazac®
- Covera HS®
- Cardizem CD®
- Verelan®
- Cardizem
- Calan
- Dilacor XR®
- Isoptin
- Cardizem LA®
- Verelan PM®
- Cardizem SR®
- Calan SR®
- Isoptin SR®
- Dilt-CD
- Verapamil ER PM

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.